

1 MALIK ALI MUHAMMAD, V-37398

2 CSP, PRC 402/27 LOW

3 P.O. BOX 3535

4 NORCO, CA. 92060

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6 PETITIONER, PRO SE

7

8 IN THE UNITED STATES DISTRICT COURT

9 FOR THE NORTHERN DISTRICT OF CALIFORNIA

10

11

12 MALIK ALI MUHAMMAD

NO. C 07-3627 MMC (PR)

13 PETITIONER,

14

MOTION FOR LEAVE TO

15

VS

PROCEED ON APPEAL IN

16

FORMA PAUPERIS

17 DALLAL ADAMS, WARDEN

18 RESPONDENT.

19

20 PETITIONER MOVES THE COURT FOR AN ORDER PERMITTING

21 HIM TO PROSECUTE AN APPEAL FROM THE JUDGMENT ENTERED

22 IN THIS CASE ON JULY 23, 2008, IN FORMA PAUPERIS, UNDER

23 THE PROVISIONS OF TITLE 28 U.S.C. § 1915. PETITIONER'S

24 AFFIDAVIT IN SUPPORT OF THIS MOTION IS ATTACHED.

25

26 DATED: AUGUST 20, 2008

MALIK ALI MUHAMMAD

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PETITIONER, PRO SE

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FILED
08 AUG 25 PM 2:27
U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Form 4.
Affidavit to Accompany Motion for
Leave to Appeal in Forma Pauperis

United States District Court for the District of NORTHERN DISTRICT OF CALIFORNIA

A.B., MALIK ALI MUHAMMAD
~~Plaintiff~~
PETITIONER

v. DERAL ADAMS, WARREN
~~Respondent~~

C.D., Defendant

Case No. 07-3627 MMC (PR)

Affidavit in Support of Motion	Instructions
<p>I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)</p> <p>Signed: <u>MALIK ALI MUHAMMAD</u></p>	<p>Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.</p> <p>Date: <u>AUGUST 20, 2008</u></p>

My issues on appeal are: 1) DENIAL OF DUE PROCESS 2) DENIAL OF EQUAL PROTECTION 3) DENIAL OF FREEDOM OF SPEECH 4) UNCONSTITUTIONALLY VAGUE AND AMBIGUOUS 5) UNCONSTITUTIONALLY DUALITY ROAD 6) VIOLATION OF SEPARATION OF POWERS 7) LACK OF JURISDICTION 8) OBSTRUCTION OF JUSTICE 9) INEFFECTIVE ASSISTANCE OF COUNSEL 10) PROCEDURAL ERROR REGARDING TIMELINESS OF FILING PETITION

1. For both you and you spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>8.00</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

Gifts	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Total Monthly income:	\$ <u>96.00</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions)

Employer	Address	Dates of Employment	Gross monthly pay
<u>CDC & R</u>	<u>CSP, CEC</u>	<u>April - May 2008</u>	<u>\$10.00</u>
<u>CDC & P</u>	<u>CSP, COLLEMAN</u>	<u>2005 - 2008</u>	<u>\$16.00</u>
<u>STATE OF CALIF</u>	<u>CAL STATE UNIV. HAYWARD, CA.</u>	<u>2000 - 2002</u>	<u>\$1800.00</u>

3. List your spouses's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions) NONE / DIVORCED

Employer	Address	Dates of Employment	Gross monthly pay
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

4. How much cash do you and your spouse have? \$ 50.00 (APPROX.) / BANK ACCT. (SEE BELOW)
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
<u>BANK OF THE WEST</u>	<u>CHECKING</u>	\$ <u>50.00</u>	\$ <u>0</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value)	Other real estate (Value)	Motor Vehicle #1 (Value)
<u>NONE</u>	<u>NONE</u>	Make & year: <u>NONE</u>
_____	_____	Model: _____
_____	_____	Registration #: _____
Motor Vehicle #2 (Value)	Other assets (Value)	Other assets (Value)
Make & year: <u>N/A</u>	_____	_____
Model: _____	_____	_____
Registration #: _____	_____	_____

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<u>NONE</u>	_____	_____
_____	_____	_____
_____	_____	_____

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>NONE</u>	_____	_____
_____	_____	_____
_____	_____	_____

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Spouse
Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>N/A</u>	\$ <u>N/A</u> (INCARCERATED)
Are any real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and Telephone)	\$ _____	\$ _____
Home maintenance (repairs and upkeep)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Laundry and dry-cleaning	\$ _____	\$ _____
Medical and dental expenses	\$ _____	\$ _____
Transportation (not including motor vehicle payments)	\$ _____	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ _____	\$ _____
Insurance (not deducted from wages or included in Mortgage payments)	\$ _____	\$ _____
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in Mortgage payments)(specify): _____	\$ _____	\$ _____

Installment payments	\$	\$
Motor Vehicle	\$	\$
Credit card (name):	\$	\$
Department store (name):	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$
Regular expenses for operations of business, profession, or farm (attach detailed statement)	\$	\$
Other (specify):	\$	\$
Total monthly expenses:	\$ 0	\$ 0

9. Do you expect any major changes to your monthly income or expenses in your assets or liabilities during the next 12 months?

☐ Yes ☒ No

If yes, describe on an attached sheet.

10. Have you paid — or will you be paying — an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? \$

If yes, state the attorney's name, address, and telephone number:

11. Have you paid — or will you be paying — anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No

If yes, how much? \$

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I AM PRESENTLY INCARCERATED AND HAVE BEEN SO SINCE FEBRUARY, 2004. PRIOR TO THAT TIME, MY LAST DATE OF GAINFUL EMPLOYMENT WAS OCTOBER, 2002.

13. State the address of your legal residence.

CSP, CRC 402-27 LOW
P.O. Box 3535
NORCO, CA. 92860

Your daytime phone number: () N/A

Your age: 62

Your years of schooling: 19

T ID: TS3030 .701

REPORT DATE: 06/11/08
PAGE NO: 1CALIFORNIA DEPARTMENT OF CORRECTIONS
CALIF. REHABILITATION CENTER
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: MAR. 01, 2008 THRU JUN. 11, 2008

INT NUMBER : V37398
INT NAME : MUHAMMAD, MALIK
LEGE GROUP: ABED/CELL NUMBER: 4 0200000000027L
ACCOUNT TYPE: I

TRUST ACCOUNT ACTIVITY

TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
1/2008	BEGINNING BALANCE					0.00
1 D320	TRUST FUNDS T SATF	9715		33.23		33.23
0 FC02	DRAW-FAC 2	2ND DRAW			33.00	0.23
6*VD54	INMATE PAYROL FAC4	05/08		8.10		8.33

* RESTITUTION ACCOUNT ACTIVITY

SENTENCED: 06/07/04
TY CODE: ALACASE NUMBER: 144082
FINE AMOUNT: \$ 800.00

TE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
1/2008	BEGINNING BALANCE			666.00
16/08	VR54	RESTITUTION DEDUCTION-SUPPORT	9.00-	657.00

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *

* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	41.33	33.00	8.33	0.00	0.00

CURRENT
AVAILABLE
BALANCE

8.33

THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT STATEMENT

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY *C. Saman*